

SBA

SOP 90 22 5

Investigations Program

Investigations Division
Office of Inspector General



SMALL BUSINESS ADMINISTRATION STANDARD OPERATING PROCEDURE

National

SUBJECT: Investigations Program	S.O.P.		F
	SECTION 90	NO. 22	

INTRODUCTION

1. Purpose. To provide guidelines and procedures regarding the Investigations Division.
2. Personnel Concerned. All SBA employees.
3. Directives Canceled. SOP 90 22 4.
4. Originator. Investigations Division, Office of Inspector General.

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Chapter 1

Background Information for SBA Employees

1. What are the Key Functions of the Investigations Division Within the Office of Inspector General (OIG)?

- a. Conducting investigations of possible criminal and serious administrative violations involving SBA programs, program participants, and SBA personnel.
- b. Preventing fraud through employee awareness training.
- c. Identifying program weaknesses and recommending corrective action.
- d. Operating name check and personnel security programs.

2. What is the OIG's Legal Authority for Conducting Investigations?

- a. The Inspector General Act of 1978, as amended, created the Office of Inspector General in SBA. Congress passed the Act as a response to a growing need for agencies to have specially trained units to combat fraud, waste, and abuse.
- b. Unless otherwise specified in a statute, the OIG is responsible for conducting, supervising, coordinating, and/or providing policy direction for all investigative activities within SBA. Legal authority to conduct investigations is conferred on the OIG in three statutes:
 - (1) Inspector General Act of 1978, as amended, Public Law 95-452, 5 U.S.C. App. 3.;
 - (2) Small Business Act, Sec. 5(b)(6) and (11), 15 U.S.C. Sec. 634(b)(6) and (11).; and
 - (3) Small Business Investment Act of 1958, Sec. 310(a), 15 U.S.C. Sec. 687b(a).

3. How is the Investigations Division Organized?

- a. The Assistant Inspector General for Investigations (AIGI) manages and directs the Division's activities and works in Headquarters in Washington, DC. Also in Headquarters are the Deputy Assistant Inspector General for Investigations (DAIGI) and the Director, Headquarters Operations (DHO). The DAIGI assists the AIGI and oversees the Management Information System and the Office of Security Operations.

- b. The DHO is responsible for investigations in the District of Columbia, Maryland, and Virginia and, as supervisor of the chief inspector positions, is in charge of most of the Division's Headquarters staff functions, including preparation of OIG Manual revisions, periodic Division reports, and special projects. Chief inspectors are senior level agents in Headquarters.
- c. Four special agents in charge (SAC), one each in New York, Atlanta, Chicago, and Los Angeles, supervise the special agents in the Investigations Division field offices. Each SAC is responsible for a specific geographic area.
- d. The Director, Office of Security Operations, works in Headquarters and is responsible for conducting criminal record checks on individuals seeking SBA loan assistance and program participation and for coordinating background investigations on SBA employees in certain employment categories. See chapters 5, 6, and 7 for more information.

4. What is the Purpose of an OIG Investigation?

- a. The OIG investigators develop facts to either substantiate or refute alleged violations of law. Federal, State, and local prosecutors use OIG investigations as the basis for criminal and civil proceedings; SBA officials often use them as the basis for administrative enforcement actions.
- b. The OIG conducts an investigation to answer the following questions.
 - (1) Has any wrongdoing actually occurred?
 - (2) What laws or regulations have possibly been violated?
 - (3) Who are the possible offenders?
 - (4) Has a weakness in SBA regulations or internal controls permitted the violation to occur or prevented its deterrence?

5. What Issues Does the OIG Investigate?

- a. The OIG investigates allegations of possible criminal violations and other wrongdoing involving SBA programs. The OIG normally initiates investigations in response to allegations or information from a variety of sources, including SBA employees, the public, other agencies, and Members of Congress.
- b. While the subject of an OIG investigation may be an SBA employee, approximately 90

percent of the subjects are applicants or participants in Agency programs. This statistic speaks well of the integrity of SBA employees, and, in fact, many investigations of alleged employee misconduct exonerate the employee.

- c. An OIG investigation most commonly involves one or more of the following violations.
 - (1) **False Statements** (15 U.S.C. Sec. 645(a) and 18 U.S.C. Sec. 1001) - Knowingly making or using a statement or document that is false, fictitious, or fraudulent.
 - (2) **False Claims** (18 U.S.C. Sec. 287) - Knowingly presenting a false claim against the United States to any Federal agency.
 - (3) **Misappropriation of SBA Collateral** (15 U.S.C. Sec. 645(c)) - With intent to defraud, knowingly concealing, disposing of, or converting to one's own use or that of another property mortgaged or pledged to the SBA.
 - (4) **Bank Fraud** (18 U.S.C. Sec. 1344) - Knowingly executing or attempting to execute a scheme to defraud a financial institution.
 - (5) **Bribery** (18 U.S.C. Sec. 210) - Giving or promising anything of value to a public official to influence an official act, or, as a public official, accepting or agreeing to accept anything of value to influence an official act.
 - (6) **Conspiracy** (18 U.S.C. Sec. 371) - Conspiring with at least one other person to commit an offense against the United States Government.

6. What Does the Investigations Division Do to Educate SBA Employees and Program Participants in the Prevention and Detection of Fraud?

- a. Makes presentations and conducts discussions on what constitutes fraud, what indicators to be alert for, and what actions should be taken.
- b. Disseminates notices and other publications about fraud activity and OIG investigative operations.
- c. Notifies SBA management when an investigation reveals a serious systemic deficiency in SBA policies or procedures.

7. Where are OIG Investigations Division Offices Located and What Are Their Geographical Jurisdictions?

FIELD OFFICE	JURISDICTION
Washington, DC Field Office	District of Columbia, Maryland, and Virginia.
New York City Field Office Philadelphia Post of Duty Syracuse Post of Duty	Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virgin Islands, and West Virginia.
Atlanta Field Office Dallas Post of Duty Houston Post of Duty	Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas.
Chicago Field Office Denver Post of Duty Kansas City Post of Duty Seattle Post of Duty	Alaska, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wisconsin, and Wyoming.
Los Angeles Field Office San Francisco Post of Duty	Arizona, California, Guam, Hawaii, and Nevada.

Chapter 2

Process for Referring Matters to the Investigations Division

1. What Kinds of Matters Should I Refer?

You should refer any misconduct that you consider criminal or a violation of the Standards of Conduct. See paragraph 1-5 for examples of violations which the Investigations Division investigates.

2. How Do I Make a Referral?

In any of three ways.

a. Call the OIG Fraudline at 1-800-767-0385.

b. Write to:

U.S. Small Business Administration
Assistant Inspector General for Investigations
409 3rd Street, SW.
Washington, DC 20416-4113

c. Visit, write, or call the Investigations Division, Office of Inspector General, at any of the following offices.

Washington, DC
409 3rd Street, SW.
5th Floor
Washington, DC 20416-4113
(202) 205-6226

Atlanta, Georgia
1720 Peachtree Street, NW.
Suite 900
Atlanta, GA 30309-2479
(404) 347-2326

Los Angeles, California
P.O. Box 670
Glendale, CA 91209-0670
(818) 552-3239

New York, New York
 Jacob K. Javits Federal Building
 26 Federal Plaza, Room 41-100
 New York, NY 10278
 (212) 264-7615

Chicago, Illinois
 500 West Madison Street
 Suite 3370
 Chicago, IL 60661
 (312) 353-4467

Dallas, Texas
 4300 Amon Carter Blvd.
 Suite 116
 Ft. Worth, TX 76155
 (817) 334-5939

Houston, Texas
 9301 Southwest Freeway
 Suite 365
 Houston, TX 77074-1591
 (713) 773-6509

Denver, Colorado
 633 17th St., 7th Floor
 Denver, CO 80202
 (303) 391-6992

Kansas City, Missouri
 323 West 8th St.- Room 305
 Kansas City, MO 64105
 (816) 374-6590

Philadelphia, Pennsylvania
 Curtis Center, Rm 860B-West
 625 Walnut Street
 Philadelphia, PA 19106
 (215) 597-3850

San Francisco, California
 455 Market St., 6th Floor
 San Francisco, CA 94105-2445
 (415) 744-6815

Seattle, Washington
 1200 Sixth Ave., Suite 1807
 Seattle, WA 98101-1128
 (206) 553-6674

Syracuse, New York
 401 S. Salina Street
 Fifth Floor
 Syracuse, NY 13202
 (315) 471-9382

3. What Information Do I Need to Provide?

- a. In your referral, specify, if possible:
 - (1) What occurred;
 - (2) Why it is or appears to be illegal or improper;
 - (3) When and where the activity took or will take place;
 - (4) Who is involved (names, occupations, addresses, etc.);
 - (5) The dollar amount involved, if applicable (e.g., amount of loan or value of converted collateral);
 - (6) Who can confirm the allegation; and
 - (7) Who can provide more information.
- b. You should also provide copies of any documents which tend to support your statements.

4. May I Request Confidentiality?

You may request confidentiality; if granted, the Investigations Division will not reveal your identity to the extent possible to comply with the Inspector General Act and the Privacy Act. If the Investigations Division must reveal your identity, you will be notified in advance.

5. When Making Referrals, Do I Have to Go Through the Chain of Command?

You do not. You can if you want to, but it is not required.

6. How Does the OIG Evaluate My Referral?

The Investigations Division considers the following factors when deciding whether to open an investigation:

- a. The nature of the alleged violation;
- b. The potential subject (age, health, criminal history, motive, etc.);
- c. The amount of actual or potential loss to the Government;
- d. Any prior record of the subject in OIG case files;
- e. The elements of proof available;
- f. The credibility of witnesses;
- g. The criteria for prosecution by the U.S. Attorney's office or local prosecutor; and
- h. The Division's existing priorities, commitments, and resources.

7. What Happens if the OIG Decides Not to Investigate?

- a. The OIG Investigations Division will maintain the information you provide for possible future use. The Investigations Division maintains an automated cross reference system, so that information can easily be retrieved at a later date.
- b. In many instances where the Investigations Division decides that it will not investigate a matter, the Division will forward the referral to another SBA function (e.g., Finance, Minority Enterprise Development, or OIG Auditing Division) or another Federal agency (e.g., FBI or Secret Service).

Chapter 3

What Happens During an Investigation?

1. What is the Investigative Process?

- a. An investigation is the gathering and analyzing of probative information to resolve an allegation or complaint. There is no single plan or formula for conducting investigations; each investigation is unique. Special agents may:
 - (1) Interview witnesses and subjects;
 - (2) Obtain affidavits;
 - (3) Review documentary evidence;
 - (4) Gather forensic evidence for expert examination;
 - (5) Serve subpoenas;
 - (6) Execute search and arrest warrants; and
 - (7) Testify before judicial or administrative proceedings.
- b. Special agents conduct investigations in accordance with the policies and procedures set forth in the Federal Rules of Criminal Procedure, the Quality Standards for Investigations established by the President's Council on Integrity and Efficiency, and guidelines set forth in the OIG Manual.
- c. Special agents also conform to the requirements of the Privacy Act (5 U.S.C. Sec. 552a) in that they may gather and disclose information only for official, lawful purposes.

2. What Information Must I Provide During an Investigation?

As an employee, you must cooperate with the investigating agent and provide to the best of your ability any information or documents requested. A non-employee is not bound by the same requirement; however, the OIG has authority to issue a subpoena to obtain information or documents.

3. What are My Rights As an Employee if I Am the Subject of an Investigation?

If you are the subject of a criminal investigation, a special agent may advise you of your Fifth Amendment right to refuse to respond to questions, a right you possess as the subject of a criminal investigation even if you are not so advised. In all civil and administrative investigations and criminal investigations where you are not the subject, you must respond to an agent's questions and provide a written statement if requested to do so.

4. Does the Investigations Division Work With Other Law Enforcement Offices?

Yes, quite often. The OIG special agents may work jointly with one or more agencies on an investigation. The Investigations Division also refers information to another law enforcement agency when a possible violation would fall under that agency's jurisdiction.

Chapter 4

After an Investigation is Complete

1. What Happens When the OIG Completes an Investigation?

When an investigator completes all the investigative steps, he/she generally prepares a written report summarizing the facts developed during the investigation. An OIG investigative report does not contain any recommendations; it merely recounts the evidence in an objective way.

2. How Does the OIG Use an Investigation Report?

The OIG investigation reports can provide the basis for criminal, civil, or administrative enforcement action. An investigation report does not always lead to a criminal prosecution.

3. Who Gets the Results of an OIG Investigation?

a. Criminal action.

When an investigation develops evidence of a criminal violation, the OIG refers the investigative results to the Department of Justice (DOJ) or to State prosecutors for their review and use in criminal prosecution. If a prosecution leads to a conviction, the court can sentence an individual or company to imprisonment or probation, levy fines, or require restitution.

b. Civil action.

The OIG may refer investigative results to the DOJ for review and use them in civil actions to recover funds for the Government. The DOJ can file a civil action at any time:

- (1) After it rules out a criminal action;
- (2) While it prosecutes a criminal action; or
- (3) After it completes a criminal action.

c. Administrative action.

The OIG may give a report of investigation to SBA officials for their use in evaluating existing procedures or determining whether to take administrative action against an employee or program participant. Administrative action against an SBA employee can include a letter of clearance, reprimand, suspension, demotion, or dismissal. Administrative action against a program participant can include suspension or debarment from the program.

4. What are My Responsibilities if the OIG Sends Me a Report of Investigation for Action?

- a. If you receive an OIG investigation report for action, you must:
 - (1) Consider appropriate enforcement action based on the evidence in the report; and
 - (2) Safeguard the report and any information contained in the report, except to the extent necessary to carry out an enforcement or disciplinary action.
- b. You may not release a report, or any information in the report, to any other person without the OIG's consent.

5. How Can I Get a Copy of a Report of Investigation?

If you would like to obtain a copy of a report of investigation, you must send a written Freedom of Information Act (FOIA) or Privacy Act (PA) request to the OIG. In responding to FOIA or PA requests, the OIG will determine whether to apply any exceptions to protect sensitive information (e.g., information on open and pending cases, information of a competitive business nature, or information that, if released, would violate an individual's privacy).

Chapter 5

The Office of Security Operations

1. What is the Function of the Office of Security Operations (OSO) in the OIG?

The OSO has two main functions.

- a. One is to ensure that every SBA employee has had the appropriate background investigation for his or her position sensitivity designation, as follows:
 - (1) Low Risk (LR);
 - (2) Moderate Risk (MR);
 - (3) High Risk (HR);
 - (4) Non-critical Sensitive (NCS); or
 - (5) Critical Sensitive (CS).
- b. The other function is to conduct FBI name checks and FBI fingerprint checks on applicants and participants in the following SBA programs:
 - (1) Surety Bond;
 - (2) 8(a) Certification;
 - (3) Business Loan;
 - (4) Disaster Loan;
 - (5) Small Business Investment Company (SBIC); and
 - (6) Certified Development Company (CDC).

2. How is the OSO Organized?

The OSO is part of the Investigations Division and operates from the OIG Headquarters in Washington, DC. The Director, OSO, oversees its work.

3. What is the Source of the OSO's Authority?

The OSO's authority comes from:

- a. Executive Order 10450 (Security Requirements for Government Employment);
- b. Executive Order 10577 (Amending the Civil Service Rules and Authorizing a New Appointment System for the Competitive Service);
- c. Executive Order 12958 (Classified National Security Information); and
- d. Title 5, Code of Federal Regulations, Part 736.

Chapter 6

Background Investigations and Security Clearances

1. What is the Purpose of a Background Investigation?

Background investigations are conducted to ensure that Federal employees are reliable, trustworthy, of good conduct and character, and completely and unswervingly loyal to the United States.

2. Does the OSO Actually Perform Background Investigations?

No. Background investigations are conducted by either the Office of Personnel Management (OPM) or a private company that has a contract with the OSO. The OSO is responsible for requesting the proper background investigation for each employee and for granting the appropriate security clearance when required. The OSO also reviews completed background investigations to ensure the investigations are complete and thorough.

3. Who Determines What Type of Background Investigation is Conducted?

The Director, Office of Security Operations.

4. Who Determines When a Background Investigation is Conducted?

The Director, Office of Security Operations.

5. What are the Different Types of Security Forms Used to Request Background Investigations and Their Corresponding Position Sensitivity Designation?

- a. SF 85, Questionnaire For Non-sensitive Positions - Low Risk (LR).
- b. SF 85P, Questionnaire For Public Trust Positions - Moderate Risk (MR) and High Risk (HR).
- c. SF 86, Questionnaire for National Security Positions - Non-critical Sensitive (NCS) and Critical Sensitive (CS).

6. What Types of Background Investigations are Requested by the OSO?

- a. **A Single Scope Background Investigation (SSBI)** is requested for all critical sensitive positions requiring top secret access to classified information. The SSBI consists of a national agency check (NAC), birth verification, credit search, personal interviews of subject and sources, written inquiries, and record searches covering specific areas (i.e., employment, education, residence, law enforcement, and character references) of a subject's background covering the past 7-10 years.
- b. **A National Agency Check (NAC)** is an FBI name check and fingerprint check and a query of records at OPM and the Defense Central Intelligence Index (DCII). OPM and DCII records reveal any prior Federal background investigation conducted during the past 15 years.
- c. **A Background Investigation (BI)** is requested for all high risk positions and critical sensitive positions requiring secret access to classified information. The BI consists of an NAC, credit search, personal interviews of subject and sources, written inquiries, and record searches covering specific areas (i.e., employment, education, residence, law enforcement, and character references) of a subject's background over the past 5 years.
- d. **A Limited Background Investigation (LBI)** is requested for all moderate risk positions and non-critical sensitive positions requiring secret or confidential clearance for employees needing access to classified information. The LBI consists of an NAC, credit search, personal interviews of subject and sources, and written inquiries of selected sources covering specific areas (i.e., employment, education, residence, law enforcement, and character references) of a subject's background covering the past 3 years.
- e. **A National Agency Check and Inquiries Investigation (NACI)** is requested on all low risk positions. The NACI consists of an NAC, written inquiries, and record searches covering specific areas (i.e., employment, education, residence, law enforcement, and character references) of a subject's background during the most recent 5 years.
- f. **A Single Scope Background Reinvestigation (SSBI-PR)** is conducted on all critical sensitive positions with top secret access. The SSBI-PR consists of an NAC, credit search, personal interview of subject, interview of personal sources and/or written inquiries to cover employment, education, residence, and law enforcement checks for the past 5 years.
- g. **A Periodic Reinvestigation - Residence (PRIR)** can be requested on all high risk and moderate risk positions and non-critical sensitive and critical sensitive positions with secret or confidential access. The PRIR consists of an NAC, credit search,

personal interview of subject, Official Personnel File (OPF) review, interview of personal sources and/or written inquiries to cover residence, and law enforcement checks for the past 5 years.

- h. **Periodic Reinvestigation (PRI)** can be requested on all high risk and moderate risk positions and non-critical sensitive and critical sensitive positions with secret or confidential access. The PRI consists of an NAC, credit search, personal interview of subject, OPF Review, and law enforcement checks for the past 5 years.

7. When are Periodic Reinvestigations (PRI) Required?

- a. Periodic reinvestigations are required every 5 years for any position designated as either high risk or critical sensitive with top secret access.
- b. Periodic reinvestigations are required every 10 years for any position designated non-critical sensitive with secret access.
- c. Periodic reinvestigations are required every 15 years for any position designated non-critical sensitive with confidential access.

8. Can an Investigation Be Waived?

In emergency cases only, the SBA Administrator or the Inspector General (IG) can waive the requirement for completion of a BI or SSBI before you enter on duty. In those rare cases where a waiver is necessary, supervisors requesting the waiver must submit your completed security papers and request for waiver of required investigation through their appropriate Management Board member to their servicing personnel office. If the paperwork is complete, the servicing personnel office will send the request to the Director, OSO, who will forward the waiver request to the Administrator or IG recommending approval or disapproval.

9. What Happens if I Refuse to Cooperate in an Investigation?

Refusal to cooperate in a properly authorized investigation is a direct violation of SOP 37 35 2, Employees Responsibility and Conduct, and can result in disciplinary action up to removal.

10. What Types of Security Clearances are Issued by the OSO?

Top secret, secret, and confidential.

11. Which Office Determines What Level of Security Clearance is Needed?

The Classification Division of the Office of Human Resources and the OSO.

Chapter 7

The OSO Character Eligibility Checks for Program Applicants and Borrowers

1. In What SBA Programs is the OSO Involved?

The OSO is involved in SBA's Surety Bond, 8(a) Certification, Business Loan, Disaster Loan, SBIC, and CDC programs. The OSO conducts FBI name checks and/or FBI fingerprint checks on program applicants and borrowers to determine whether they meet the required character standards.

2. What are FBI Name Checks and FBI Fingerprint Checks?

- a. In an FBI name check, the FBI checks its files to determine whether an individual has ever been the subject of an FBI criminal investigation or background investigation. The FBI uses an individual's name, social security number, date of birth, and place of birth in conducting the check.
- b. In an FBI fingerprint check, the FBI must have a fingerprint card containing an individual's fingerprints. The FBI then processes the prints through its computerized fingerprint classification system for a match which would identify any State or Federal criminal record.

3. What is the Process for Checking an Applicant's or Borrower's Criminal History Through an FBI Name Check or Fingerprint Check?

- a. For an FBI name check, the OSO sends an individual's Statement of Personal History which, depending on the program, is an SBA Form 912, SBA Form 415A (SBICs only), or SBA Form 1081 (CDCs only), to the FBI for appropriate record checks. The FBI then provides the OSO with the results of its record checks.
- b. For an FBI fingerprint check, the OSO obtains a fingerprint card, FD 258, from an individual and sends it to the FBI for processing in the FBI's computerized fingerprint classification system. The FBI then provides the OSO with the results of its fingerprint check.

4. What Happens to the Results of FBI Name or Fingerprint Checks?

- a. Upon receipt of a "no record" or a record which would not adversely affect an applicant's or borrower's eligibility, the OSO sends a clearance letter to the SBA office which initially submitted the information to the OSO.

- b. Upon receipt of information which could adversely affect eligibility, the OSO sends the information to the appropriate program official who rules upon the applicant's or borrower's eligibility and so advises the submitting office.

5. Who Decides Whether an Applicant or Borrower Should Be Denied Admittance to a Program Based on His/Her Criminal Record?

The associate or assistant administrator of the appropriate program makes the decision and notifies the applicant. The deciding official also sends a copy of the decision letter to the OSO.

Chapter 8

Classified Information and the OSO

1. What is the OSO's Function With Regard to Classified Information in the SBA?

- a. The Director, OSO, carries out the directives of Executive Order (EO) 12958 (Classified National Security Information), EO 12968 (Access to Classified Information), and National Security Decision Directive 84 (Safeguarding National Security Information) by ensuring that SBA employees are aware of their responsibilities regarding classified information. The Director also issues security clearances for designated personnel after appropriate background checks, ensures that all personnel having access to such material sign nondisclosure statements, and conducts debriefings of such personnel when they leave their employment at SBA. The Director may also deny or revoke an employee's clearance or reduce an employee's level of clearance due to unsuitability or a security violation.
- b. All classified information (including cryptographic information) going to or from the SBA Headquarters in Washington, DC, must be routed through the Director, OSO.
- c. Whenever classified material is being stored in safekeeping equipment within the SBA, the Director must be notified of such storage, the location of the safekeeping equipment, and its combination.

2. What is Classified Information?

Classified information is information or material that is owned by, produced for and by, or under the control of the United States Government and designated as top secret, secret, or confidential pursuant to EO 12958. Designated material is marked with one of the three designations. No SBA official has the authority to classify either derivative or original information. If, however, any SBA employee, contractor, licensee, or grantee originates or becomes aware of information which he/she believes should be classified, that person should send the information by designated personnel, approved courier service, registered mail, or protective services of commercial carriers to the Director, OSO, who will, in turn, forward it to the appropriate agency with a request that it be reviewed for possible classification. The information must be enclosed in a sealed, opaque envelope marked with the assigned classification and the recipient's address. The envelope must then be put into another opaque envelope marked only with the recipient's address; the outer envelope must not identify the contents.

3. What Must SBA Employees Do to Protect Classified Information?

- a. Store classified material in a container approved in writing by the Director, OSO. For top secret material, the container must be a GSA-approved safe or safe-type file having a three position, dial-type combination lock. Secret or confidential material may be stored in a container approved for top secret storage and may also be kept in a steel file cabinet with a steel lockbar secured by a GSA-approved padlock with a three position, dial-type combination lock.
- b. Avoid routine reproduction of classified material. For material designated top secret or secret, employees should check with the Director, OSO, prior to making any copies.
- c. Keep classified material segregated from non-classified material and do not summarize classified information in other documents.
- d. Only disclose classified information to individuals who have the required security clearance and "need to know" the information.
- e. Do not discuss classified information over the telephone or in a public place.

4. What Happens if There is an Unauthorized Disclosure of Classified Information?

- a. You should report any unauthorized disclosure to the Director, OSO, as soon as possible. The initial report may be by telephone and should be confirmed by memorandum. You should state what information was disclosed, to whom, by whom, when, how, and any other pertinent information.
- b. The OIG Investigations Division may conduct an investigation into any alleged unauthorized disclosure. An SBA employee determined to have knowingly made an unauthorized disclosure may be subject to reprimand, suspension without pay, removal, or other sanctions in accordance with applicable laws and Agency rules and regulations.

Appendix 1

Index to Forms and Reports

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Appendix 2
(paragraph 6-5)
SF 85, Questionnaire for Non-sensitive Positions

Standard Form 85
 Revised September 1995
 U.S. Office of Personnel Management
 5 CFR Parts 731 and 736

Form approved:
 O.M.B. No. 3206-0005
 NSN 7540-00-634-4035
 85-111

Questionnaire for Non-Sensitive Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 5 and the release on page 6. *If you have any questions, call the office that gave you the form.*

Purpose of this Form

The U.S. Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Order 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731 and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, and of good conduct and character. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployment or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

Final Determination on Your Eligibility

Final determination on your eligibility for a position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects

o f p l a c e m e n t a r e

better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a (b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 14, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 85
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731 and 736

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

Form approved:
O.M.B. No. 3208-0005
NSN 7540-00-634-4035
85-111

OPM USE ONLY	Codes	Case Number
Agency Use Only (Complete items A through K using instructions provided by USOPM)		
A Type of Investigation	B Extra Coverage	C Nature of Action Code
D Date of Action	Month	Day
E Geographic Location	F Position Title	G SON
H SOI	I OPAC-ALC Number	J Accounting Data and/or Agency Case Number
K Requesting Official	Name and Title	Signature
Telephone Number		Date
Persons completing this form should begin with the questions below.		
1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN." • If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.		2 DATE OF BIRTH Month Day Year
Last Name First Name Middle Name Jr., II, etc.		Month Day Year
3 PLACE OF BIRTH • Use the two letter code for the State. City State Country (if not in the United States)		4 SOCIAL SECURITY NUMBER
5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias(es), or nickname[s]). If the other name is your maiden name, put "nee" in front of it.		
#1 Name	Month/Year To	#3 Name
#2 Name	Month/Year To	#4 Name
6 SEX (Mark one box) Female <input type="checkbox"/> Male <input type="checkbox"/>		
7 CITIZENSHIP Mark the box at the right that reflects your current citizenship status, and follow its instructions.		b Your Mother's Maiden Name
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. → Answer Items b and d		Answer Items b, c, and d
<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. → d		
<input type="checkbox"/> I am not a U.S. citizen. → Answer Items b and e		
c UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.		
Naturalization Certificate (Where were you naturalized?) Court City State Certificate Number Month/Day/Year Issued		
Citizenship Certificate (Where was the certificate issued?) City State Certificate Number Month/Day/Year Issued		
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States Give the date the form was prepared and give an explanation if needed. Month/Day/Year Explanation		
U.S. Passport This may be either a current or previous U.S. Passport. Passport Number Month/Day/Year Issued		
d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right. Country		
e ALIEN If you are an alien, provide the following information: Place You Entered the United States: City State Date You Entered U.S. Month Day Year Alien Registration Number Country(ies) of Citizenship		

This form was electronically produced by Elite Federal Forms, Inc.

Page 1

8 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 3 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

#1	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knows You	Street Address	Apt. #	City (Country)	State ZIP Code
#2	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State ZIP Code
#3	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State ZIP Code
#4	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State ZIP Code
#5	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
			Name of Person Who Knew You	Street Address	Apt. #	City (Country)	State ZIP Code

9 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 5 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block: 1 - High School 2 - College/University/Military College 3 - Vocational/Technical/Trade School
- For correspondence schools and extension classes, provide the address where the records are maintained.

#1	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
					Street Address and City (Country) of School	State ZIP Code
#2	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
					Street Address and City (Country) of School	State ZIP Code
#3	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
					Street Address and City (Country) of School	State ZIP Code

Enter your Social Security Number before going to the next page



Page 2

10 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

• **Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|--|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | 6 - Self-employment (Include business name and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 3 - U.S.P.H.S. Commissioned Corps | | | |
| 4 - Other Federal employment | | | |

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1		To Present						
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							
Month/Year	Month/Year	Position Title		Supervisor				
To								
#2		To						
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							
Month/Year	Month/Year	Position Title		Supervisor				
To								
#3		To						
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							
Month/Year	Month/Year	Position Title		Supervisor				
To								

Enter your Social Security Number before going to the next page →

Page 3

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#4	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					

11 PEOPLE WHO KNOW YOU WELL

List **three people** who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1	Name	Month/Year	Dates Known To Month/Year	Telephone Number () Day () Night	City (Country)	State	ZIP Code
	Home or Work Address						
#2	Name	Month/Year	Dates Known To Month/Year	Telephone Number () Day () Night	City (Country)	State	ZIP Code
	Home or Work Address						
#3	Name	Month/Year	Dates Known To Month/Year	Telephone Number () Day () Night	City (Country)	State	ZIP Code
	Home or Work Address						

Enter your Social Security Number before going to the next page →

Page 4

12 YOUR SELECTIVE SERVICE		Yes	No
a Are you a male born after December 31, 1959? If "No," go to 13. If "Yes," go to b.			
b Have you registered with the Selective Service System? If "Yes", provide your registration number. If "No," show the reason for your legal exemption below.			

Registration Number

Legal Exemption Explanation

13 YOUR MILITARY HISTORY		Yes	No
a Have you served in the United States military?			
b Have you served in the United States Merchant Marine?			

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

Code. Use one of the codes listed below to identify your branch of service.

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

O/E. Mark "O" block for Officer or "E" block for Enlisted.

Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Active	Active Reserve	Inactive Reserve	National Guard (State)	Country
To										
To										

14 ILLEGAL DRUGS		Yes	No
In the last year, have you used, possessed, supplied, or manufactured illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). (NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.)			

If you answered "Yes," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

Month/Year	Month/Year	Type of Substance	Explanation
To			
To			
To			

Continuation Space

Use the continuation sheet(s) (SF86A) for additional answers to items 8, 9, and 10. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security number. Before each answer, identify the number of the item.

After completing this form you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 6.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)

Date

Enter your Social Security Number before going to the next page →

Standard Form 85
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731 and 736

Form approved:
O.M.B. No. 3208-0005
NSN 7540-00-634-4035
85-111

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Other Names Used	Social Security Number	
Current Address (Street, City)	State ZIP Code	Home Telephone Number (Include Area Code)

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Appendix 3 (paragraph 6-5) SF 85P, Questionnaire for Public Trust Positions

Standard Form 85P
Revised September 1996
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
O.M.B. No. 3206-0191
NSN 7540-01-317-7372
85-1602

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on page 7 and the release on page 8. *If you have any questions, call the office that gave you the form.*

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, section 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well. These include documentation

of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the system of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Office, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved:
O.M.B. No. 3206-0191
NSN 7540-01-317-7372
85-1602

OPM USE ONLY		Codes		Case Number	
Agency Use Only (Complete items A through P using instructions provided by USOPM)					
A Type of Investigation	B Extra Coverage	C Sensitivity/Risk Level	D Comput ADP	E Nature of Action Code	F Date of Action
G Geographic Location	H Position Code	I Position Title			
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address		ZIP Code
L SOI	M Location of Security Folder	None At SOI NPI	Other Address		ZIP Code
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number				
P Requesting Official	Name and Title		Signature		Telephone Number Date
Persons completing this form should begin with the questions below.					
1 FULL NAME			2 DATE OF BIRTH		
• If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN."			• If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.		
Last Name		First Name	Middle Name	Jr., II, etc.	Month Day Year
3 PLACE OF BIRTH • Use the two letter code for the State.				4 SOCIAL SECURITY NUMBER	
City		County	State		Country (if not in the United States)
5 OTHER NAMES USED					
Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name, put "nee" in front of it.					
#1 Name	Month/Year To	#3 Name	Month/Year To		
#2 Name	Month/Year To	#4 Name	Month/Year To		
6 OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male
7 TELEPHONE NUMBERS	Work (include Area Code and extension) () Day () Night		Home (include Area Code) () Day () Night		
8 CITIZENSHIP	Mark the box at the right that reflects your current citizenship status, and follow its instructions.				9 Your Mother's Maiden Name
a	I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. → Answer Items b and d I am a U.S. citizen, but I was NOT born in the U.S. → d I am not a U.S. citizen. → Answer Items b and e				
c UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.					
Naturalization Certificate (Where were you naturalized?)					
Court	City	State	Certificate Number	Month/Day/Year Issued	
Citizenship Certificate (Where was the certificate issued?)					
City	State	Certificate Number	Month/Day/Year Issued		
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States					
Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation			
U.S. Passport					
This may be either a current or previous U.S. Passport.			Passport Number	Month/Day/Year Issued	
d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.					
Country					
e ALIEN If you are an alien, provide the following information:					
Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship

This form was electronically produced by Elite Federal Forms, Inc.

Page 1

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is

"General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#1	To Present					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#2	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#3	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#4	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
#5	To					
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military

3 - Vocational/Technical/Trade

- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#1	To				
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#2	To				
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Month/Year	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
#3	To				
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State

Enter your Social Security Number before going to the next page →

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11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- **Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|---|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | 6 - Self-employment (Include business and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 3 - U.S.P.H.S. Commissioned Corps | | | |
| 4 - Other Federal employment | | | |

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1	To Present					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
#3	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					

Enter your Social Security Number before going to the next page →

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YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#4	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#5	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#6	To					
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
Month/Year	Month/Year	Position Title	Supervisor			
To						

12 YOUR EMPLOYMENT RECORD		Yes	No
Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.			

Use the following codes and explain the reason your employment was ended:

- | | | |
|--|--|--|
| 1 - Fired from a job | 3 - Left a job by mutual agreement following allegations of misconduct | 5 - Left a job for other reasons under unfavorable circumstances |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance | |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page →

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13 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1	Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night
	Home or Work Address	City (Country)	State ZIP Code
#2	Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night
	Home or Work Address	City (Country)	State ZIP Code
#3	Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night
	Home or Work Address	City (Country)	State ZIP Code

14 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital status:

- ☐ 1 - Never married (go to question 15)
 ☐ 3 - Separated
 ☐ 5 - Divorced
☐ 2 - Married
 ☐ 4 - Legally Separated
 ☐ 6 - Widowed

Current Spouse Complete the following about your current spouse.

Full Name	Date of Birth (Mo./Day/Yr.)	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			
Country of Citizenship	Date Married (Mo./Day/Yr.)	Place Married (Include country if outside the U.S.)	State
If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse (Street, city, and country if outside the U.S.)			State ZIP Code

15 YOUR RELATIVES

Give the full name, correct code, and other requested information for each of your relatives, living or dead, specified below.

- 1 - Mother (first) 3 - Stepmother 5 - Foster Parent 7 - Stepchild
 2 - Father (second) 4 - Stepfather 6 - Child (adopted also)

Full Name (if deceased, check box on the left before entering name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country(ies) of Citizenship	Current Street Address and City (country) of Living Relatives	State
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

Enter your Social Security Number before going to the next page →

16	YOUR MILITARY HISTORY	Yes	No
a	Have you served in the United States military?		
b	Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service.

- **Code.** Use one of the codes listed below to identify your branch of service: **SP4/KF** Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard
- **O/E.** Mark "O" block for Officer or "E" block for Enlisted.
- **Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.
- **Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Active	Active Reserve	Inactive Reserve	National Guard (State)	Country
To										
To										

17	YOUR SELECTIVE SERVICE RECORD	Yes	No
a	Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.		
b	Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.		

Registration Number _____ Legal Exemption Explanation _____

18	YOUR INVESTIGATIONS RECORD	Yes	No
a	Has the United States Government ever investigated your background and/or granted you the security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.		

Codes for Investigating Agency			Codes for Security Clearance Received		
1 - Defense Department	4 - FBI		0 - Not Required	3 - Top Secret	8 - L
2 - State Department	5 - Treasury Department		1 - Confidential	4 - Sensitive Compartmented Information	7 - Other
3 - Office of Personnel Management	6 - Other (Specify)		2 - Secret	5 - Q	

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

b	To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.	Yes	No								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Month/Year</th> <th style="width: 40%;">Department or Agency Taking Action</th> <th style="width: 10%;">Month/Year</th> <th style="width: 40%;">Department or Agency Taking Action</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action						
Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action								

19	FOREIGN COUNTRIES YOU HAVE VISITED	Yes	No
	List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)		
	Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other		
	Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").		
	Do not repeat travel covered in items 9, 10, or 11.		

#	Month/Year	Code	Country	#	Month/Year	Code	Country
#1	To			#5	To		
#2	To			#6	To		
#3	To			#7	To		
#4	To			#8	To		

Enter your Social Security Number before going to the next page →

Page 6

20 YOUR POLICE RECORD (Do not include anything that happened before your 16th birthday.)						Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)							
If you answered "Yes," explain your answer(s) in the space provided.							
Month/Year	Offense	Action Taken	Law Enforcement Authority or Court (City and county/country if outside the U.S.)	State	ZIP Code		

21 ILLEGAL DRUGS						Yes	No
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.							
a In the last year, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?							
b In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?							
If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.							
Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used				
To							
To							

22 YOUR FINANCIAL RECORD						Yes	No
a In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes,"							
Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code		
b Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.							
If you answered "Yes," provide the information requested below:							
Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Obligor	State	ZIP Code			

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 8.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date
Enter your Social Security Number before going to the next page	→

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Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
O.M.B. No. 3206-0181
NSN 7540-01-317-7372
85-1602

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)		Full Name (Type or Print Legibly)		Date Signed
Other Names Used				Social Security Number
Current Address (Street, City)		State	ZIP Code	Home Telephone Number (Include Area Code)

Page 8

Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
O.M.B. No. 3206-0191
NSN 7540-01-317-7372
85-1602

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

(Investigator instructed to write in position title.)

As part of the investigative process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extend and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Other Names Used	Social Security Number	
Current Address (Street, City)	State ZIP Code	Home Telephone Number (Include Area Code)

Appendix 4 (paragraph 6-5)

86, Questionnaire for National Security Positions

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
86-111

Part 1		Investigating Agency Use Only		Codes		Case Number	
Agency Use Only (Complete Items A through P using instructions provided by the Investigating agency).							
A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day Year
G Geographic Location	H Position Code		I Position Title				
J SON	K Location of Official Personnel Folder	None NPRC At SON		Other Address		ZIP Code	
L SOI	M Location of Security Folder	None At SOI NPI		Other Address		ZIP Code	
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number						
P Requesting Official	Name and Title		Signature		Telephone Number		Date
Persons completing this form should begin with the questions below.							
1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN." • If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.						2 DATE OF BIRTH	
Last Name		First Name		Middle Name		Jr., II, etc.	Month Day Year
3 PLACE OF BIRTH • Use the two letter code for the State.						4 SOCIAL SECURITY NUMBER	
City		County		State		Country (if not in the United States)	
5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name, put "nee" in front of it.							
#1	Name	Month/Year	Month/Year	#3	Name	Month/Year	Month/Year
		To				To	
#2	Name	Month/Year	Month/Year	#4	Name	Month/Year	Month/Year
		To				To	
6 OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male		
7 TELEPHONE NUMBERS	Work (include Area Code and extension) () Day () Night ()		Home (include Area Code) () Day () Night ()				
8 CITIZENSHIP Mark the box at the right that reflects your current citizenship status, and follow its instructions.	<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. — Answer items b and d <input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. — Answer items b, c, and d <input type="checkbox"/> I am not a U.S. citizen. — Answer items b and e						
9 UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.							
Naturalization Certificate (Where were you naturalized?)							
Court		City		State	Certificate Number	Month/Day/Year Issued	
Citizenship Certificate (Where was the certificate issued?)							
City		State		Certificate Number	Month/Day/Year Issued		
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States							
Give the date the form was prepared and give an explanation if needed.		Month/Day/Year		Explanation			
U.S. Passport							
This may be either a current or previous U.S. Passport.				Passport Number		Month/Day/Year Issued	
10 DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.							
Country							
11 ALIEN If you are an alien, provide the following information:							
Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number		Country(ies) of Citizenship	

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FFO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

#1	Month/Year To Present	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ()
#2	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ()
#3	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ()
#4	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ()
#5	Month/Year To	Month/Year	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code	Telephone Number ()

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:
 - 1 - High School
 - 2 - College/University/Military College
 - 3 - Vocational/Technical/Trade School
- For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.
- For correspondence schools and extension classes, provide the address where the records are maintained.

#1	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School			State	ZIP Code		
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ()				
#2	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School			State	ZIP Code		
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ()				
#3	Month/Year To	Month/Year	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School			State	ZIP Code		
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ()				

Enter your Social Security Number before going to the next page →

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11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. **EXCEPTION:** Show all Federal civilian service, whether it occurred within the last 7 years or not.

• **Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|--|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | | | |
| 3 - U.S.P.H.S. Commissioned Corps | 6 - Self-employment (Include business name and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 4 - Other Federal employment | | | |

• **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

• **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1 To Present						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year To		Position Title	Supervisor		
	Month/Year To		Position Title	Supervisor		
	Month/Year To		Position Title	Supervisor		
	Month/Year To		Position Title	Supervisor		
#2 To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year To		Position Title	Supervisor		
	Month/Year To		Position Title	Supervisor		
	Month/Year To		Position Title	Supervisor		
	Month/Year To		Position Title	Supervisor		
#3 To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year To		Position Title	Supervisor		
	Month/Year To		Position Title	Supervisor		
	Month/Year To		Position Title	Supervisor		
	Month/Year To		Position Title	Supervisor		

Enter your Social Security Number before going to the next page →

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YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#4 To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title	Supervisor		
	To					
	Month/Year	Month/Year	Position Title	Supervisor		
	To					
#5 To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
#6 To						
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()

12 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1	Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night
	Home or Work Address	City (Country)	State ZIP Code
#2	Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night
	Home or Work Address	City (Country)	State ZIP Code
#3	Name	Dates Known Month/Year To Month/Year	Telephone Number () Day () Night
	Home or Work Address	City (Country)	State ZIP Code

Enter your Social Security Number before going to the next page

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13 YOUR SPOUSE

YOUR SPOUSE
Mark one box to show your current marital status and provide information about your spouse(s) in items a. and/or b.

- ☐ 1 - Never married
☐ 2 - Married

- ☐ 3 - Separated
☐ 4 - Legally Separated

- 5 - Divorced
6 - Widowed

(a) Current Spouse Complete the following about your current spouse only.

Full Name		Date of Birth	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)				Country(ies) of Citizenship
Date Married	Place Married (Include country if outside the U.S.)			State
If Separated, Date of Separation	If Legally Separated, Where is the Record Located? City (Country)			State
Address of Current Spouse, if different than your current address (Street, city, and country if outside the U.S.)				State ZIP Code

(b) Former Spouse(s) Complete the following about your former spouse(s), use blank sheets if needed.

4. Former Spouse(s): Complete the following about your former spouse(s), and check the most accurate:			
Full Name	Date of Birth	Place of Birth (Include country if outside the U.S.)	State
Country(ies) of Citizenship	Date Married	Place Married (Include country if outside the U.S.)	State
Check One, Then Give Date <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Month/Day/Year	If Divorced, Where is the Record Located? City (Country)	State
Address of Former Spouse (Street, city, and country if outside the U.S.)		State	ZIP Code Telephone Number

14 YOUR RELATIVES AND ASSOCIATES

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- | | | | | |
|---------------------|--------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother (first) | 5 - Foster parent | 9 - Sister | 13 - Half-sister | 17 - Other Relative* |
| 2 - Father (second) | 6 - Child (adopted also) | 10 - Stepbrother | 14 - Father-in-law | 18 - Associate* |
| 3 - Stepmother | 7 - Stepchild | 11 - Stepsister | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather | 8 - Brother | 12 - Half-brother | 16 - Guardian | |

* Code 17 (Other Relative)-include only foreign national relatives not listed in 1-16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

[illegible]

Enter your Social Security Number before going to the next page

Page 5

15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

1. **Naturalization Certificate:** Provide the date issued and the location where the person was naturalized (Court, City and State).
2. **Citizenship Certificate:** Provide the date and location issued (City and State).

3. **Alien Registration:** Provide the date and place where the person entered the U.S. (City and State).
4. **Other:** Provide an explanation in the "Additional Information" block.

Association #1	Name	Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information
Association #2	Name	Date of Birth (Month/Day/Year)
Certificate/Registration #	Document Code	Additional Information

16 YOUR MILITARY HISTORY

a Have you served in the United States military?

b Have you served in the United States Merchant Marine?

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- Code. Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

- O/E. Mark "O" block for Officer or "E" block for Enlisted.

- Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

- Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Status				Country
						Active	Active Reserve	Inactive Reserve	National Guard (State)	
To										
To										

17 YOUR FOREIGN ACTIVITIES

a Do you have any foreign property, business connections, or financial interests?

b Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

c Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

d In the last 7 years, have you had an active passport that was issued by a foreign government?

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

18 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other

- Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

- Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#3	To		
#2	To			#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page →

Page 6

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
86-111

Part 2

OFFICIAL
USE
ONLY

19	YOUR MILITARY RECORD	Yes	No
Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.			

Month/Year	Type of Discharge		
------------	-------------------	--	--

20	YOUR SELECTIVE SERVICE RECORD	Yes	No
a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b. b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.			

Registration Number	Legal Exemption Explanation
---------------------	-----------------------------

21	YOUR MEDICAL RECORD	Yes	No
In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?			

If you answered "Yes", provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
To				
To				

22	YOUR EMPLOYMENT RECORD	Yes	No
Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.			

Use the following codes and explain the reason your employment was ended:

- | | | |
|--|--|--|
| 1 - Fired from a job | 3 - Left a job by mutual agreement following allegations of misconduct | 5 - Left a job for other reasons under unfavorable circumstances |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance | |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/country if outside U.S.)	State	ZIP Code

23	YOUR POLICE RECORD	Yes	No
For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.			

a Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice)

b Have you ever been charged with or convicted of a firearms or explosives offense?

c Are there currently any charges pending against you for any criminal offense?

d Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs?

e In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.)

f In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.)

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page →

Page 7

24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- a** Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?
- b** Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?
- c** In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year To	Month/Year To	Controlled Substance/Prescription Drug Used	Number of Times Used

25 YOUR USE OF ALCOHOL

In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?

If you answered "Yes", provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year To	Month/Year To	Name/Address of Counselor or Doctor	State	ZIP Code

26 YOUR INVESTIGATIONS RECORD

- a** Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.

Codes for Investigating Agency

- 1 - Defense Department
2 - State Department
3 - Office of Personnel Management
4 - FBI
5 - Treasury Department
6 - Other (Specify)

Codes for Security Clearance Received

- 0 - Not Required
1 - Confidential
2 - Secret
3 - Top Secret
4 - Sensitive Compartmented Information
5 - Q
6 - L
7 - Other

Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

- b** To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. **Note:** An administrative downgrade or termination of a security clearance is not a revocation.

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

27 YOUR FINANCIAL RECORD

- a** In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?
- b** In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?
- c** In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?
- d** In the last 7 years, have you had any judgments against you that have not been paid?

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page →

28 YOUR FINANCIAL DELINQUENCIES		Yes	No
a	In the last 7 years, have you been over 180 days delinquent on any debt(s)?		
b	Are you currently over 90 days delinquent on any debt(s)?		

If you answered "Yes" to a or b, provide the information requested below:

Incurring Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligor	State	ZIP Code

29	PUBLIC RECORD CIVIL COURT ACTIONS	Yes	No
In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?			

If you answered "Yes," provide the information about the public record civil court action requested below.

Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court (Include City and county/country if outside U.S.)	State	ZIP Code

30 YOUR ASSOCIATION RECORD		Yes	No
a	Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?		
b	Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?		

If you answered "Yes" to a or b, explain in the space below.

Continuation Space

Use the continuation sheet(s) (SF 86A) for additional answers to items 9, 10, and 11. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security Number. Before each answer, identify the number of the item.

[illegible]

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 10.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date
Enter your Social Security Number before going to the next page	→

Page 9

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 735

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
88-111

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Other Names Used		Social Security Number
Current Address (Street, City)	State	ZIP Code
		Home Telephone Number (Include Area Code) ()

Page 10

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
O.M.B. No. 3206-0007
NSN 7540-00-634-4036
86-111

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I **hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Other Names Used		Social Security Number
Current Address (Street, City)	State ZIP Code	Home Telephone Number (Include Area Code) ()

Appendix 5 (paragraph 7-3) SBA Form 912, Statement of Personal History

Return Executed Copies 1, 2, and 3 to SBA

OMB APPROVAL NO. 3245-0178
Expiration Date: 7/31/2000

	United States of America SMALL BUSINESS ADMINISTRATION STATEMENT OF PERSONAL HISTORY	<p style="text-align: center;">Please Read Carefully - Print or Type</p> <p>Each member of the small business concern or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by:</p> <ol style="list-style-type: none"> 1. If a sole proprietorship by the proprietor. 2. If a partnership by each partner. 3. If a corporation or a development company, by each officer, director, and additionally by each holder of 20% or more of the voting stock. 4. Any other person including a hired manager, who has authority to speak for and commit the borrower in the management of the business.
Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)		SBA District/Disaster Area Office Amount Applied for (when applicable) File No. (if known)
1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. <div style="display: flex; justify-content: space-between;"> First Middle Last </div>		Name and Address of participating lender or surety co. (when applicable and known) 2. Date of Birth (Month, day, and year) 3. Place of Birth: (City & State or Foreign Country)
4. Give the percentage of ownership or stock owned or to be owned in the small business concern or the Development Company	Social Security No.	U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give alien registration number:
5. Present residence address: From: To: Address:		Most recent prior address (omit if over 10 years ago): From: To: Address:
Home Telephone No. (Include A/C): Business Telephone No. (Include A/C):		
<p>IT IS AGAINST SBA'S POLICY TO PROVIDE ASSISTANCE TO PERSONS NOT OF GOOD CHARACTER; THEREFORE, CONSIDERATION IS GIVEN TO A PERSON'S BEHAVIOR, INTEGRITY, CANDOR, AND DISPOSITION TOWARD CRIMINAL ACTIONS. IT IS ALSO AGAINST SBA'S POLICY TO PROVIDE ASSISTANCE NOT IN THE BEST INTEREST OF THE UNITED STATES; FOR EXAMPLE, IF THERE IS REASON TO BELIEVE THE EFFECT OF SUCH ASSISTANCE WILL BE TO ENCOURAGE OR SUPPORT, DIRECTLY OR INDIRECTLY, ACTIVITIES HARMFUL TO THE SECURITY OF THE UNITED STATES.</p> <p>THEREFORE, IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED TRUTHFULLY AND COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED.</p> <p>IF YOU ANSWER "YES" TO 6, 7, OR 8, FURNISH DETAILS IN A SEPARATE EXHIBIT. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.</p>		
6. Are you presently under indictment, on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate date parole or probation is to expire.)		
7. Have you ever been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted. (All arrests and charges must be disclosed and explained on an attached sheet.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.		
<p>CAUTION: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 by imprisonment of not more than five years and/or a fine of not more than \$10,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than twenty years and/or a fine of not more than \$1,000,000.</p>		
Signature	Title	Date
Agency Use Only		
10. <input type="checkbox"/> Fingerprints Waived <input type="checkbox"/> Fingerprints Required Date Sent to OIG	Date Approving Authority Date Approving Authority	11. <input type="checkbox"/> Cleared for Processing <input type="checkbox"/> Request a Character Evaluation Date Approving Authority

Please Note: The estimated burden for completing this form is 15 minutes per response. You will not be required to respond to this information if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20418 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project.

SBA 912 (5-97) SOP 5010.4 Previous Edition Obsolete

This form was electronically produced by Elite Federal Forms, Inc.

Appendix 6 (paragraph 7-3)

SBA Form 415A, Statement of Personal History and Qualification of Management



U.S. SMALL BUSINESS ADMINISTRATION STATEMENT OF PERSONAL HISTORY AND QUALIFICATION OF MANAGEMENT

Name of Applicant or Licensee

Social Security Number

Address (Street, City, State and Zip Code)

- | | | |
|--------------------------------------|---|--|
| 1. First Name in Full | Middle Name in Full
(If none, so state) | Last Name |
| 2. Date of Birth (Month, Day & Year) | 3. Place of Birth
(City, State or Foreign Country) | 4. Citizen of United States?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
5. Starting with present address, list residence addresses for last ten years:
- | | | |
|--------------------|------------------|----------------|
| <u>From (Date)</u> | <u>To (Date)</u> | <u>Address</u> |
|--------------------|------------------|----------------|
6. Employment and Professional History and Education: Attach a summary of business or professional experience during the last ten years up to and including the present, stating the periods of each primary activity, the names, addresses and nature of business of the firm, concerns or entities with which associated; title, position in such concerns; basic functions and responsibilities; and a summary of your education showing highest level attained (such as high school graduate, some college, one year college, three years college, bachelor's degree, master's degree, etc.-giving, when applicable, name of higher educational institution, your specialization, and date of degree), together with a summary of any special experience or qualification pertinent to the Applicant's management responsibilities.
7. Present Affiliations: Attach a list of all business concerns with which you are presently affiliated as an officer, director, or in any other official capacity, or by way of direct or indirect ownership or control of 10% or more of any class of stock of, or proprietary interest in, such concerns. Show names, addresses, and nature of business of such concerns, and details of relationship and ownership; including the percentage of any stock or proprietary interest owned.
8. List Three Character References: (other than former employers, relatives or fellow Applicants.)
- | | | |
|------------------|---------------------------------|-------------------------------|
| <u>Full Name</u> | <u>Home or Business Address</u> | <u>Business or Occupation</u> |
|------------------|---------------------------------|-------------------------------|
9. Have you ever been, directly or indirectly, the subject of an insolvency, bankruptcy, or creditor's rights proceeding, or has any corporation of which you have been an officer, director, or controlling shareholder, been the subject of such proceedings? ☐ Yes ☐ No
(If yes, furnish complete details of such proceedings in a separate exhibit, including if pertinent, the court, title of proceedings, date and docket number, as well as the ultimate disposition thereof.)
10. Have you ever been charged with or convicted of any criminal offense other than a misdemeanor involving minor motor vehicle violations? ☐ Yes ☐ No (If yes, furnish details as described in Item 9.)
11. Have you, or has any corporation, partnership or other business entity with which you are presently or have heretofore been affiliated (as defined in Item 7) ever been charged with or convicted of a felony or other criminal offense involving dishonesty or breach of trust or found civilly liable or permanently or temporarily enjoined by a court by reason of any act or practice involving fraud or breach of trust? ☐ Yes ☐ No (If yes, furnish relevant details of any such proceeding in a separate exhibit including the information, indictment or complaint and the court, title of proceeding, date and docket number.)
12. Have you ever been refused a bond? ☐ Yes ☐ No (If yes, explain.)
13. Are you affiliated with any other Licensee or are you a close relative of any person affiliated with the Applicant or Licensee as described in Section 107.3 of the Regulations? ☐ Yes ☐ No (If yes, explain.)
14. During any part of the past five years has a request for financial assistance been made to any Federal agency by you or any corporation, partnership or other business entity with which you are presently or have been heretofore affiliated (as defined in Item 7)? ☐ Yes ☐ No (If yes, furnish details in a separate exhibit, including current status of any assistance received.)
15. Describe any affiliation, past or present, with any other Small Business Investment Company. (See Section 107.702 of the Regulations.)

SBA Form 415A (10-90) Use 3-82 Edition until exhausted

Federal Recycling Program Printed on Recycled Paper

16. Is any SBA employee or any member of any Advisory Council for the Small Business Administration related to you by blood, marriage or adoption? Does any SBA employee or member of any such Advisory Council have present or have they had any past, direct or indirect, financial interest in or affiliation with any concern of which you are a director, officer, or owner of 10% or more of any class of its stock or other proprietary interest? ☐ Yes ☐ No (If yes, list their names, addresses, and relationships on a separate attachment.)
17. If you own or will own 10% or more of the Private Capital of the Licensee, were borrowed funds, used or will they be used in purchasing said Private Capital? ☐ Yes ☐ No (If yes, attach a statement giving full details, including your net worth, amount borrowed or to be borrowed, source of funds borrowed or to be borrowed, security and/or guarantors and terms of repayment.)
18. Have you or any concern with which you are affiliated directly, or indirectly borrowed funds from or sold securities to any licensed small business investment company? ☐ Yes ☐ No (If yes, attach a statement giving all pertinent details relative thereto, including the names of all parties to the transaction, the amounts involved, terms, use of proceeds, etc.)

The information on this form will be used in connection with an investigation of your experience and character. It is against SBA policy to provide assistance not in the best interest of the United States, i.e., if there is reason to believe that the effect of such assistance will be to encourage or support directly or indirectly, activities inimical to the security of the United States.

The nature and scope of the investigation may include contact with banks, other financial institutions, individuals, business associates, law enforcement offices, and any other areas which will assist SBA in making an adequate appraisal of your general business reputation, character, management experience and financial soundness. This constitutes the notifications required by section 606 of the Federal Fair Credit Reporting Act.

Under the Privacy Act (5 U.S.C. 552a) requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requesters or unless the information is subject to disclosure under the Freedom of Information Act. Note: Any person concerned with the collection of information, its voluntariness, disclosure or routine use under the Privacy Act or requesting information under the Freedom of Information Act may contact the Director, Freedom of Information/Privacy Acts Division, Small Business Administration, 1441 L Street, N.W., Washington, D.C. 20416, for information about the Agency's procedures of these two subjects.

PLEASE NOTE: The estimated burden for completing this form is 1.5 hours per response. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the US Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0062), Washington, D.C. 20503.

FOR SBA USE ONLY
No.

CERTIFICATE: I hereby certify that all information submitted in this SBA Form 415A, and in the Exhibits submitted therewith or in connection therewith, is true and complete to the best of my knowledge and belief. I have read SBA Form 416 "Licence Application," filed by _____ and the Amendments thereto, and hereby agree that in my proposed capacity as _____ (show affiliation); I will be bound by the representations made in said Application and Amendments.

Signature

Title

Date

SBA Form 415A (10-90)

Appendix 7
(paragraph 7-3)
SBA Form 1081, Statement of Personal History

U.S. Small Business Administration

OMB APPROVAL NO.: 3245-0080

EXPIRATION DATE: 6/30/96

STATEMENT OF PERSONAL HISTORY
(FOR USE BY NON-BANK LENDERS and
CERTIFIED DEVELOPMENT COMPANIES)

Name of Non-Bank Lender or Certified Development Company

Address (Street, City, State and Zip Code) of Non-Bank Lender or Certified Development Co.

1. Applicants Name in Full:

First

Middle Name (if none, so state)

Last

2. Date of Birth (month, day & year)

3. Place of Birth (City and State or Foreign Country)

4. Citizen of the United States?

5. Starting with present address, list residence addresses for the last ten years:

From (Date)To (Date)Address

6. Employment and Professional History and Education: Attach a summary of (a) business or professional experience during the last ten years up to and including the present, stating the periods of each primary activity; the names, addresses and nature of business of the concerns or entities with which associated; title/and position in such concerns; and basic functions and responsibilities; (b) a summary of your education showing highest level attained (such as high school graduate, bachelor's degree, master's degree, etc.— giving, when applicable, name of higher educational institution, your specialization, and date of degree); and (c) a summary of any special experience or qualifications pertinent to responsibilities in connection with the operation of the Non-Bank Lender or Certified Development Company.

7. Present Affiliations: Attach a list of all business concerns with which you are presently affiliated as an officer, director, or in any other official capacity, or by way of direct or indirect ownership or control of 10% or more of any class of stock of, or proprietary interest in, such concerns. Show names, addresses, and nature of business of such concerns, and details of relationship and ownership, including the percentage of any stock or proprietary interest owned.

Yes

No

8. Have you ever been, directly or indirectly, the subject of an insolvency, bankruptcy, or creditor's rights proceedings, or has any corporation of which you have been an officer, director, or controlling shareholder been the subject of such proceedings? (If yes, furnish complete details of such proceedings in a separate exhibit, including, if pertinent, the court, title of proceedings, date and docket number, as well as the ultimate disposition.)

9. Have you ever been charged with, or convicted of, any criminal offense other than a misdemeanor involving minor motor vehicle violations? (If yes, furnish details as described in Item 8.)

SBA Form 1081 (7-91) Previous Edition is Obsolete

Yes	No	10. Have you, or has any corporation, partnership or other business entity with which you are presently or have heretofore been affiliated (as defined in Item 7, Page 1), ever been charged with or convicted of a felony or other criminal offense involving dishonesty or breach of trust, or found civilly liable or permanently or temporarily enjoined by a court by reason of any act or practice involving fraud or breach of trust? (If yes, furnish relevant details of any such proceedings in a separate exhibit, including the information, indictment or complaint and the court, title of proceedings, date and docket number.)
		11. Have you ever been refused bond? (If yes, explain.)
		12. Are you associated with any other Non-Bank Lender or Certified Development Company? (If yes, explain)
		13. During any part of the past five years has a request for financial assistance been made to any Federal agency by you or any corporation, partnership or other business entity with which you are presently or have been heretofore affiliated (as defined in Item 7, Page 1)? (If yes, furnish details in a separate exhibit, including current status of any assistance received.)
		14. To your knowledge, is any SBA employee or any member of an Advisory Council for the Small Business Administration related to you by blood, marriage, or adoption and/or associated with you through having any past or present, direct or indirect, financial interest in or affiliation with any concern of which you are a director, officer or owner of 10% or more of any class of its stock or other proprietary interest? (If yes, list their names, addresses, and relations.)
		15. If you own or will own 10% or more of any class of the stock of the Non-Bank Lender, or Certified Development Company, were borrowed funds used in purchasing said stock? (If yes, give full details including your net worth, amount borrowed or to be borrowed, security and/or guarantors and terms of repayment.)
		16. Has any concern with which you are affiliated directly or indirectly borrowed funds from any Non-Bank Lender or Certified Development Company? (If yes, give all pertinent details including the names of all parties to the transaction, the amounts involved, terms, use of proceeds, etc.)

The information on this form will be used in connection with an investigation of your experience and character. It is against SBA policy to provide assistance not in the best interests of the United States, i.e., if there is reason to believe that the effect of such assistance will be to encourage or support, directly or indirectly, activities inimical to the security of the United States.

The nature and scope of the investigation may include contact with banks, other financial institutions, individuals, business associates, law enforcement offices, and any other areas which will assist SBA in making an adequate appraisal of your business reputation, character, management experience and financial soundness. This constitutes the notification required by Section 606 of the Federal Fair Credit Reporting Act.

Certificate: I hereby certify that the foregoing is true and complete to the best of my knowledge and belief.

Signature Title Date

SBA Form 1081 (7-91)

FOR SBA USE ONLY
No.

Appendix 8
(paragraph 7-3)
FD 258, FBI Fingerprint Card

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK										FBI	LEAVE BLANK
		LAST NAME <u>NAM</u>		FIRST NAME				MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		C R		USSBA000Z SBA WASH, DC						DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH <u>POB</u>			
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>		LEAVE BLANK								
EMPLOYER AND ADDRESS		FBI NO. <u>EBJ</u>		LEAVE BLANK									
REASON FOR FINGERPRINTING		ARMED FORCES NO. <u>MNU</u>											
		SOCIAL SECURITY NO. <u>SOO</u>											
		MILITARY SERVICE NO. <u>MAN</u>											
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE					
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE					
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				1. THUMB		2. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY					

